

INSTRUCTIONS FOR COMPLETING RHODE ISLAND BOATING ACCIDENT REPORT.

Rhode Island boating accident report must be filled out by the owner/operator of any vessel that is involved in a boating accident on the inland waters and the coastal waters contiguous to this state that meets the following criteria:

1. Loss of life or disappearance from a vessel.
2. Injury to any person that requires medical treatment beyond ordinary first aid. (if you go to the emergency room or call a rescue, it is beyond first aid)
3. Property damage in excess of \$500.00 (combined damage to both vessels if more than one vessel involved)
4. Complete loss of a vessel.

Accidents that involve loss of life or injury must be submitted within 48 hours. All other accidents must be reported within 10 days of the incident.

Accidents must be reported to the State Authorities where the accident occurred.

If more than one vessel is involved the **owner/operator of all vessels** must fill out and file a boating accident report.

When filling out a boating accident report, insure that **all** of the blocks are filled out completely.

1. Most information about your boat can be found on the registration card.
2. Both, the operator and the owner information is required to be completed.
3. Addresses should be complete including zip codes.
4. Damage estimates **MUST** be filled out. (Best guess estimate is acceptable and changed as information is received).
5. Accident description should be as clear and accurate as possible. Diagrams and description can be continued on additional sheets if necessary. Include any information as to the involvement of alcohol or drugs in the cause or contributing to the accident. Include any descriptive information about the use of lifejackets (PFD's) that may have contributed to the survival or assistance to anyone involved.

If you have any difficulty with/or questions regarding the BOATING ACCIDENT FORM, you may call this office at (401) 222 3070 during normal business hours and your call will be referred to an Environmental Police Officer for assistance.



BOATING ACCIDENT REPORT
State of Rhode Island & Providence Plantations
Department of Environmental Management
Division of Law Enforcement
Environmental Police

83 Park Street
Providence, RI 02903
(401) 222 2284

THE OPERATOR OF A VESSEL USED FOR RECREATIONAL PURPOSES IS REQUIRED TO FILE A REPORT IN WRITING WHENEVER AN ACCIDENT RESULTS IN LOSS OF LIFE OR DISAPPEARANCE FROM A VESSEL; AN INJURY WHICH REQUIRES MEDICAL TREATMENT BEYOND FIRST AID; OR PROPERTY DAMAGE IN EXCESS OF \$500 OR COMPLETE LOSS OF THE VESSEL. REPORTS IN DEATH AND INJURY CASES MUST BE SUBMITTED WITHIN 48 HOURS. REPORTS IN OTHER CASES MUST BE SUBMITTED WITHIN 10 DAYS. REPORTS MUST BE SUBMITTED TO THE REPORTING AUTHORITY IN THE STATE WHERE THE ACCIDENT OCCURRED. THIS FORM IS PROVIDED TO ASSIST THE OPERATOR IN FILING THE REQUIRED WRITTEN REPORT.

COMPLETE ALL BLOCKS (INDICATE THOSE NOT APPLICABLE BY "NA")

ACCIDENT DATA

DATE OF ACCIDENT		TIME AM PM	NAME OF BODY OF WATER		LOCATION (GIVE LOCATION PRECISELY)	
NUMBER OF VESSELS INVOLVED		NEAREST CITY OR TOWN		COUNTY	STATE	ZIP CODE
WEATHER (CHECK ALL APPLICABLE) <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	<input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> HAZY	WATER CONDITIONS <input type="checkbox"/> CALM WAVES (LESS THAN 6") <input type="checkbox"/> CHOPPY (WAVES 6" TO 2') <input type="checkbox"/> ROUGH (WAVES 2' TO 6') <input type="checkbox"/> VERY ROUGH (GREATER THAN 6') <input type="checkbox"/> STRONG CURRENT		TEMPERATURE (ESTIMATE) AIR _____ °F WATER _____ °F	WIND <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT (0-6 MPH) <input type="checkbox"/> MODERATE (7-14 MPH) <input type="checkbox"/> STRONG (15-25 MPH) <input type="checkbox"/> STORM (OVER 25 MPH)	VISIBILITY DAY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR NIGHT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NAME OF OPERATOR				OPERATOR ADDRESS		
OPERATOR TELEPHONE NUMBER ()		DATE OF BIRTH MO DAY YR	OPERATOR EXPERIENCE <input type="checkbox"/> NONE <input type="checkbox"/> UNDER 100 HOURS <input type="checkbox"/> 100 HOURS OR MORE		BOATING SAFETY <input type="checkbox"/> STATE COURSE <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> NONE	INSTRUCTION <input type="checkbox"/> U.S. POWER SQUADRON <input type="checkbox"/> AMERICAN RED CROSS <input type="checkbox"/> OTHER
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE						
NAME OF OWNER				OWNER ADDRESS		
OWNER TELEPHONE NUMBER ()		NUMBER OF PEOPLE ON BOARD		NUMBER OF PEOPLE BEING TOWED	RENTED BOAT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
BOAT NO. 1 (THIS VESSEL)						
BOAT REGISTRATION OR DOCUMENTATION NUMBER			STATE	HULL IDENTIFICATION NUMBER		BOAT NAME
BOAT MANUFACTURER			LENGTH	MODEL		YEAR BUILT
TYPE OF BOAT <input type="checkbox"/> OPEN MOTORBOAT <input type="checkbox"/> CABIN MOTOR BOAT <input type="checkbox"/> AUXILIARY SAIL <input type="checkbox"/> SAIL (ONLY) <input type="checkbox"/> ROWBOAT <input type="checkbox"/> CANOE/KAYAK <input type="checkbox"/> PERSONAL WATERCRAFT <input type="checkbox"/> PONTOON BOAT <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> OTHER (SPECIFY)		HULL MATERIAL <input type="checkbox"/> WOOD <input type="checkbox"/> ALUMINUM <input type="checkbox"/> STEEL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> RUBBER/VINYL <input type="checkbox"/> RIDGID HULL INFLAT <input type="checkbox"/> OTHER (SPECIFY) COMMERCIAL VESSEL? <input type="checkbox"/> YES <input type="checkbox"/> NO		ENGINE <input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD <input type="checkbox"/> INBOARD/STERNDRIVE <input type="checkbox"/> AIRBOAT FUEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> NONE		PROPULSION <input type="checkbox"/> PROPELLER <input type="checkbox"/> WATERJET <input type="checkbox"/> AIR THRUST <input type="checkbox"/> MANUAL <input type="checkbox"/> SAIL NUMBER OF ENGINES TOTAL HORSEPOWER
						PERSONAL FLOTATION DEVICES (LIFE JACKETS) WAS BOAT ADEQUATELY EQUIPPED WITH CG APPROVED LIFE JACKETS? <input type="checkbox"/> YES <input type="checkbox"/> WERE THE LIFE JACKETS USED? FIRE EXTINGUISHERS ON BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO USED? <input type="checkbox"/> YES <input type="checkbox"/> NO
OPERATION AT TIME OF ACCIDENT (check all applicable) <input type="checkbox"/> CRUISING <input type="checkbox"/> CHANGING DIRECTION <input type="checkbox"/> CHANGING SPEED <input type="checkbox"/> DRIFTING <input type="checkbox"/> TOWING <input type="checkbox"/> BEING TOWED <input type="checkbox"/> ROWING/PADDLING <input type="checkbox"/> SAILING <input type="checkbox"/> LAUNCHING <input type="checkbox"/> DOCKING/UNDocking <input type="checkbox"/> AT ANCHOR <input type="checkbox"/> TIED TO DOCK/MOORING <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> COMMERCIAL OPERATION		ACTIVITY AT TIME OF ACCIDENT (check any if applicable) <input type="checkbox"/> FISHING <input type="checkbox"/> TOURNAMENT <input type="checkbox"/> HUNTING <input type="checkbox"/> SWIMMING/DIVING <input type="checkbox"/> MAKING REPAIRS <input type="checkbox"/> WATERSKIING/TUBING/ETC: <input type="checkbox"/> RACING <input type="checkbox"/> WHITEWATER SPORTS <input type="checkbox"/> FUELING <input type="checkbox"/> STARTING ENGINE (S) <input type="checkbox"/> NON-RECREATIONAL <input type="checkbox"/> COMMERCIAL ACTIVITY <input type="checkbox"/> OTHER (SPECIFY)		Type of accident <input type="checkbox"/> GROUNDING <input type="checkbox"/> CAPSIZING <input type="checkbox"/> FLOOD/SWAMPING <input type="checkbox"/> SINKING <input type="checkbox"/> FIRE OR EXPLOSION (FUEL) <input type="checkbox"/> FIRE OR EXPLOSION (OTHER) <input type="checkbox"/> SKIER MISHAP <input type="checkbox"/> COLLISION WITH VESSEL <input type="checkbox"/> COLLISION WITH FIXED OBJECT <input type="checkbox"/> COLLISION WITH FLOATING OBJ. <input type="checkbox"/> FALLS OVERBOARD <input type="checkbox"/> FALLS IN BOAT <input type="checkbox"/> STRUCK BY BOAT <input type="checkbox"/> STRUCK BY MOTOR/PROPELLER <input type="checkbox"/> STRUCK SUBMERGED OBJECT <input type="checkbox"/> OTHER (SPECIFY)		What contributed to accident? (check all applicable) <input type="checkbox"/> WEATHER <input type="checkbox"/> EXCESSIVE SPEED <input type="checkbox"/> IMPROPER LOOKOUT <input type="checkbox"/> RESTRICTED VISION <input type="checkbox"/> OVERLOADING <input type="checkbox"/> IMPROPER LOADING <input type="checkbox"/> HAZARDOUS WATERS <input type="checkbox"/> ALCOHOL USE <input type="checkbox"/> DRUG USE <input type="checkbox"/> HULL FAILURE <input type="checkbox"/> MACHINERY FAILURE <input type="checkbox"/> OPERATOR INEXPERIENCE <input type="checkbox"/> OPERATOR INATTENTION <input type="checkbox"/> CONGESTED WATERS <input type="checkbox"/> PASSENGER/SKIER BEHAVIOR <input type="checkbox"/> DAM/LOCK SAFETY <input type="checkbox"/> OTHER (SPECIFY)
ESTIMATED SPEED <input type="checkbox"/> NONE <input type="checkbox"/> UNDER 10 MPH		<input type="checkbox"/> 10-20 MPH <input type="checkbox"/> OVER 40 MPH <input type="checkbox"/> 21-40 MPH		<input type="checkbox"/> HIT AND RUN		

DECEASED (IF MORE THAN 2 FATALITIES, ATTACH ADDITIONAL FORMS)									
NAME OF VICTIM			ADDRESS OF VICTIM				WAS LIFEJACKET WORN?		
							<input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE OF BIRTH	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	DEATH CAUSED BY		<input type="checkbox"/> DROWNING	<input type="checkbox"/> OTHER	<input type="checkbox"/> DISAPPEARANCE		
NAME OF VICTIM			ADDRESS OF VICTIM				WAS LIFE JACKET WORN?		
							<input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF VICTIM	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	DEATH CAUSED BY		<input type="checkbox"/> DROWNING	<input type="checkbox"/> OTHER	<input type="checkbox"/> DISAPPEARANCE		
INJURED (IF MORE THAN 2 INJURIES, ATTACH ADDITIONAL FORMS)									
NAME OF VICTIM					ADDRESS OF VICTIM				
DATE OF BIRTH	MEDICAL TREATMENT BEYOND FIRST AID ADMITTED TO THE HOSPITAL?				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIBE INJURIES		
WAS PFD WORN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PRIOR TO ACCIDENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	AS A RESULT OF THE ACCIDENT		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS IT INFLATABLE	<input type="checkbox"/> YES	<input type="checkbox"/> NO							
NAME OF VICTIM					ADDRESS OF VICTIM				
DATE OF BIRTH	MEDICAL TREATMENT BEYOND FIRST AID ADMITTED TO THE HOSPITAL?				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIBE INJURIES		
WAS PFD WORN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PRIOR TO THE ACCIDENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	AS A RESULT OF THE ACCIDENT		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS IT INFLATABLE	<input type="checkbox"/> YES	<input type="checkbox"/> NO							
BOAT NO. 2 (IF MORE THAN 2 VESSELS, ATTACH ADDITIONAL IDENTIFYING INFORMATION)									
NAME OF OPERATOR					OPERATOR ADDRESS				
OPERATOR TELEPHONE NUMBER ()					BOAT REGISTRATION OR DOCUMENTATION NUMBER			STATE	
NAME OF OWNER					OWNER ADDRESS				
OWNER TELEPHONE NUMBER ()									
PROPERTY DAMAGE									
ESTIMATED AMOUNT (USE BEST GUESS IF FORMAL ESTIMATE NOT AVAILABLE)		THIS BOAT AND CONTENTS \$			OTHER BOAT AND CONTENTS \$			OTHER PROPERTY \$	
DESCRIBE PROPERTY DAMAGE									
WITNESS NOT ON THIS VESSEL									
NAME			ADDRESS				TELEPHONE NUMBER ()		
NAME			ADDRESS				TELEPHONE NUMBER ()		
PERSON COMPLETING THIS REPORT									
NAME			ADDRESS				TELEPHONE NUMBER ()		
SIGNATURE			QUALIFICATION		<input type="checkbox"/> OPERATOR <input type="checkbox"/> INVESTIGATOR	<input type="checkbox"/> OWNER <input type="checkbox"/> OTHER	DATE SUBMITTED		
ACCIDENT DESCRIPTION									
DESCRIBE WHAT HAPPENED (SEQUENCE OF EVENTS, INCLUDE FAILURE OF EQUIPMENT. INCLUDE A DIAGRAM IF NEEDED. CONTINUE ON ADDITIONAL SHEETS IF NECESSARY. INCLUDE ANY INFORMATION REGARDING THE INVOLVEMENT OF ALCOHOL AND/OR DRUGS IN CAUSING OR CONTRIBUTING TO THE ACCIDENT. INCLUDE ANY DESCRIPTIVE INFORMATION ABOUT THE USE OF LIFE JACKETS.									
FOR AGENCY USE ONLY									
CAUSES BASED ON (CHECK ONE) <input type="checkbox"/> THIS REPORT <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> INVESTIGATION AND THIS REPORT <input type="checkbox"/> OTHER									
NAME OF REVIEWING OFFICER			DATE RECEIVED		<input type="checkbox"/> RECREATIONAL <input type="checkbox"/> COMMERCIAL			<input type="checkbox"/> NON-REPORTABLE	
PRIMARY CAUSE					SECONDARY CAUSE				